

FILED JAN 20 1951

STANDARD CERTIFICATE OF DEATH

43582
State File No. 5388

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>California</u> b. COUNTY <u>Los Angeles</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>1 Mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Los Angeles</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brighton Conv. Home</u>			d. STREET ADDRESS (If rural, give location) <u>Unknown</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tillie</u>		b. (Middle) _____		c. (Last) <u>Mass</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>1871</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Russia</u> <u>6</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Sam</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lew Mallin</u>		ADDRESS <u>4420 Benton K.C. Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Smility artresclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT - SUICIDE - HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City</u> <u>Jackson</u> <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-17-50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell down basement steps</u>	
22. I hereby certify that I attended the deceased from <u>11/17/50</u> , 19 <u>50</u> , to <u>12/22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/20</u> , 19 <u>50</u> , and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Delon A. Williams</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>806 1st Bldg</u>	
23c. DATE SIGNED <u>12/24/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec 22, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Los Angeles, Calif.</u>		24d. LOCATION (City, town, or county) (State) <u>Los Angeles, Calif.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>12-22-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		ADDRESS <u>K. C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Guy Buffington

Licensed Embalmer No. *2756*

P. O. Address *K C Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.